

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SPECIAL NO. **09/763271** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1 <sup>2</sup>						53					
4	1 <sup>1</sup>						54					
5	1 <sup>1</sup>						55					
6	1 <sup>1</sup>						56					
7	1 <sup>1</sup>						57					
8	1 <sup>1</sup>						58					
9	1 <sup>1</sup>						59					
10	1 <sup>1</sup>						60					
11	1						61					
12	1						62					
13	1 <sup>2</sup>						63					
14	1 <sup>1</sup>						64					
15	1 <sup>1</sup>						65					
16	1 <sup>1</sup>						66					
17	1 <sup>1</sup>						67					
18	1 <sup>1</sup>						68					
19	1 <sup>1</sup>						69					
20	1 <sup>1</sup>						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	18	↓		↓		↓	TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					